ULLET E MAHONING COUNTY MEDICAL SOCIETY VOL. 64 NO. 4 SEPTEMBER/OCTOBER 1994

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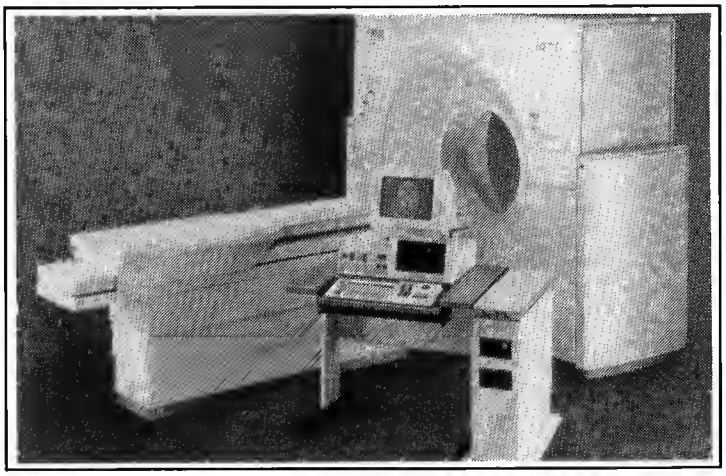

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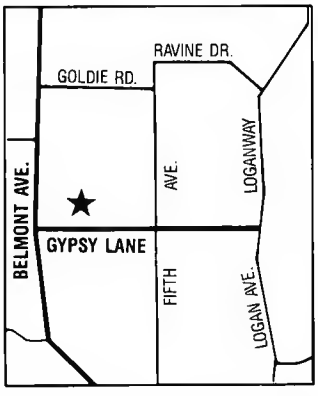

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Managed Care *AND* What It Does To Control Costs

The AMA defines "managed care" as systems used by third-party payers to control access to and payment for health care services.

Most managed care plans use the following strategies to control costs:

- Selective contracting to limit the number of providers.
- Financial risk-shifting to providers.
- Case managers to control access to specialists and hospital services.

Physician selection by managed care plans, the AMA says, must be based on professional competence and quality care — not on economic criteria.

BULLETIN

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The Bulletin is published six times a year by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512. Phone (216) 788-4700.

Subscription rate of $20.00 per year is included in MCMS dues. Correspondence and changes of address should be mailed to the above address.

From the Desk of the Editor

The High Cost of Care

AS EACH OF US STRUGGLES WITH THE SPECTER OF HEALTH CARE REFORM, I BELIEVE THAT WE MUST BE MINDFUL OF certain priorities which we should ensure for our patients, specifically quality first, free choice second, and cost third. Any serious proposal must pass this set of criteria in order to be considered. These criteria should be foremost in our minds, not only when we address our legislators with our concerns, but also in our daily practice.

I would like to express a few thoughts on each of these priorities. First, although I can't and won't tell any of you how to attain quality in caring for your patients, I will consider below how cost may impede your realization of that priority. Second, free choice of physician and hospitals for our patients is something *they* will have to ask and probably fight for — hopefully they will prevail. Last, but unfortunately not least, cost is a subject which should be more honestly and openly discussed in our ranks. If we don't address the issue, third parties and the government will continue to address it for us. More importantly, if we are unable to control costs, we may well lose control of the first priority — quality.

We know that gross physician fees consistently make up just under 20% of total health care expenditures annually. However, physicians control or initiate about 85% of total health care dollars spent, by ordering tests, prescribing medication, performing surgery, etc. — in short, by using the machinery of the "Health Care Industry" to provide care. While our incomes may not be the culprit in escalating costs, our spending habit while providing care probably is. We as physicians are therefore responsible for the cost of health care, at least insofar as the costs we generate.

Thomas S. Boniface, M.D.

Like it or not, rationing will become an ever more common event, since there is not an unlimited amount of resources to be spent. Given this fact, it behooves us to prepare now and get used to the limitations that will be imposed. Better yet, we should define the limits of spending before they are defined by someone else. We must pay close attention to every dollar we spend, i.e. manage our own care, lest it be managed for us. To this point we have not done so, and look where it has gotten us. Furthermore, there are many ways we can limit the cost of our care without affecting quality. For instance, for every dollar spent on an MRI for a patient with low back pain or knee pain, when we know full well that the test will not alter recommended treatment, there will be one less dollar available to pay physicians for legitimate services rendered in the office or operating suite. For every extra day in the ICU for the 70-year-old patient on Medicare with terminal disease, kept there because no one is willing to urge a no code status on that patient, there will be more cost shifting by the hospital onto the ever-shrinking pool of patients covered by fee-for-service. The cost of a single high-tech bioingrowth hip or knee prosthesis is double that for a tried and true cemented one, with no appreciable difference in outcome.

These are a few of the more glaring examples of areas where each of us must examine our behavior and practice habits, not simply to provide less expensive care to our patients, but not to waste an ever-shrinking pool of resources. The reality of the situation is, quite simply, that if we don't ration *cost* now, we will be forced to ration *care* in the future.

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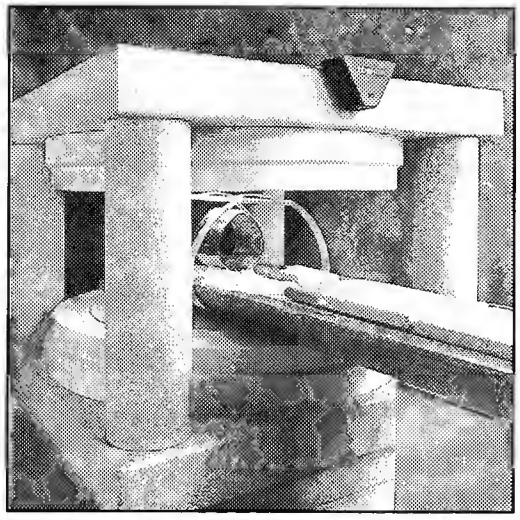

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President's Page

Society, Council Actively Involved in Community

YOUR MEDICAL SOCIETY HAS REMAINED BUSY THIS SUMMER WITH THE INITIATION OF A PHYSICIANS ORGANIZATION BEING foremost on our list. An initial meeting was held in August with a good turnout of local physicians who decided that a P.O. was in their best interest. A Steering Committee was selected and subsequent meetings have been held for both informational and organizational purposes. We have secured an attorney to help us address issues of anti-trust and are currently in the stages of developing articles of incorporation which will formalize the entity. Once the Eastern Ohio Physicians Organization has been completely organized, the Medical Society will probably have little to do with it other than reporting its progress. Hopefully, we will be able to unify the currently fragmented efforts of the various provider organizations and help to integrate health care in our community.

The legislative awareness group has also been active. President-Elect Handel has arranged meetings between various candidates and Legislative Committee members that have been productive. The general membership meeting of September 20, 1994 featured OSMA staff members Carol Mullinax, Director of the Division of Public Affairs, and Marla Eshelman, Associate Director of Legislation, who enlightened us about current legislation and updated us on the current status of the "Ohio Care" as envisioned by Governor Voinovich.

Finally, the Council continues to work with the Congressman's office in an attempt to develop a project that will provide physician services to the uninsured families in our community.

"Hopefully, we will be able to unify the currently fragmented efforts of the various provider organizations and help to integrate health care in our community."

I am pleased with Council's efforts in helping to develop these projects and in supporting other community efforts. One of these projects is the coordination of transportation services for the efficient, cost-effective movement of patients, which is currently being reviewed by the Mahoning County Commissioners office.

I congratulate the Society for demonstrating physician leadership and responsibility in our community and I am proud to be a part of this organization.

Chester A. Amedia, Jr., M.D., F.A.C.P.
President

Malpractice Protection

Do You Have an Informed *Refusal Form?*

INFORMED CONSENT IS A RISK PREVENTION STAPLE THESE DAYS, BUT WHAT IF YOUR PATIENT *REFUSES* TREATMENT? MALPRACTICE prevention advisor Debra L. Phairas, MBA, urges having a special form to handle this growing concern.*

Ms. Phairas, who consults to hundreds of medical practices on management and risk prevention, spoke recently to The Physician's Advisory 1994 Symposium for Successful Private Practice. She warned that good doctors have recently been sued successfully for failing to explain the effects of *refusing* advice. Informed refusal has become just as important as the more common requirement of informed consent.

Suppose, for instance, you recommend a specific treatment, perhaps a surgical procedure or just a special lab test, but the patient says she won't follow through. Law requires your explaining the risks involved in *not* accepting the advice, much the same as it requires explaining the risks of actually undergoing the procedure.

A Simple, Real Example

That's what happened in a California decision involving a patient's refusal to undergo a Pap smear. The court held that this patient was not as capable as most people of understanding the possible effects of not having this simple test. And her physician failed to explain what could happen without it.

Ms. Phairas says you need proof that you explained the possible results of *not* undergoing a procedure, as well as the risks of having it done. While you undoubtedly insist that patients sign informed consent forms, she recommends having the opposite form — for informed refusal — as well.

Here is the sample master form Ms. Phairas recommends. You can easily adapt it to the commonly recommended procedures in your specialty. Have any refusing patient sign it and, of course, retain the signed form in the patient's medical record.

REFUSAL FOR TREATMENT

Patient_____ Age_____

Date_____ Time_____ Place_____

I have been advised by Doctor_____ that it is recommended for me to undergo the following treatment, operation or procedure:

_____

_____

The risks, benefits and alternatives of this treatment have been explained to me.

Although my failure to follow the advice I have received may seriously impair my health or life, I nevertheless refuse the recommended treatment, operation or procedure.

Specific risks of refusing my doctor's recommendation include: _____

_____

_____

I assume the risks and consequences involved and release Dr._____ from any liability.

Signed:_____ Date:_____

Witness:_____ Date:_____

*Ms. Phairas is President of Practice & Liability Consultants, 703 Market Street, Suite 913, San Francisco, CA 94103; phone (415) 764-4800; fax (415) 764-4802.

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

SHARE THE HOLIDAY SPIRIT WITH YOUR PEERS

BE PART OF THE AMA-ERF HOLIDAY SHARING CARD PROJECT SPONSORED BY THE MAHONING COUNTY MEDICAL SOCIETY ALLIANCE

All you have to do is make a contribution to the American Medical Association Education and Research Foundation (AMA-ERF). We'll do the rest, including:

1. Sending a lovely holiday greeting card to every physician and spouse in Mahoning County with the donors' names inscribed beneath the greeting, and
2. sending 100% of your contribution to the medical school of your choice.

Make your check payable to AMA-ERF for $25.00 (or more if you wish). Please complete the form below and send it, along with your check, to Joyce Bernstine, 232 N. Cadillac Dr., Boardman, Ohio 44512, *no later than November 25th.* Respond now, before the holiday rush begins!

Remember, this is a charitable cause to which we have a deep commitment. Please be generous and let us hear from you soon.

Mahoning County Medical Society Alliance
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Address _____

City_____ State_____ Zip Code_____

Amount of Contribution $ _____

School to Receive Contribution: _____

Fund to Receive Contribution: *(check one)*

_____Medical School Excellence Fund — provides funds for student activities and programs, equipment, and research projects.

_____Medical Student Assistance Fund — provides funds for student financial aid in the form of scholarships, grants, and loans.

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(Print name as it should appear on Holiday Sharing Card.)

PLEASE MAKE YOUR CHECK PAYABLE TO AMA-ERF AND SEND IT WITH THIS FORM TO:
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232 N. Cadillac Dr.
Boardman, OH 44512
758-7954

PLAN Program Develops Contacts Between Physicians & Legislators

AT THE NATIONAL LEVEL, IT LOOKS AS THOUGH HEALTH SYSTEM REFORM MAY BE PLACED ON THE BACK BURNER UNTIL after the November elections. Senator George Mitchell is still trying to salvage a health system reform package to be voted on by the Senate, but it probably won't be done before Congress adjourns the week of October 7.

Within the state, numerous pieces of health care legislation are on the agenda that probably won't be addressed until after the first of the year. One exception is the current certificate of need law, which will expire November 30, 1994. The consensus is that this law will be extended through April 30, 1994.

Legislation dealing with the status of the nurse practitioner act, the clean-up bill to House Bill 478, and any willing provider are on the docket. Numerous pieces of legislation dealing with health system reform are also on the docket, but won't see the light of day until some time after the first of the year.

With this hiatus in legislative activity, individual physicians and organized medicine have an opportunity to communicate with their legislators and to help influence changes in health system reform. Hopefully, the changes which come about will benefit the patients, help preserve the patient-physician relationship, and preserve the medical profession.

Daniel W. Handel, M.D.

Daniel W Handel, M.D.

With term limits now in place for Ohio legislators, the influence of PACs will diminish to some degree. Grassroots efforts on the part of individual physicians and alliance members will become more important than ever. Our local legislative committee continues to meet regularly with our state legislators (Representatives Ron Gerberry and Robert Hagan and Senator Joseph Vukovich.) I believe these meetings have been productive. Our group has been educating our legislators about adverse consequences for our patients with current managed care entities and their impact on the patient-physician relationship. The local legislative group will continue to meet with our legislators on a regular basis.

Now that the national and state legislators have decided to take a second look at health system reform, the opportunity exists for continued communication with our legislators. Physicians have the credentials and the respect and, more importantly, the knowlege to educate the legislators about concerns regarding health system reform. Health system reform issues are being addressed by other health groups such as chiropractors, optometrists, nurses groups and physician assistants. These groups communicate with legislators on a regular basis, and therefore tend to have a significant influence over them. But, various legislators have complained that they fail to hear from physicians.

The Ohio State Medical Association has established the Physician Legislative Action Network (PLAN) program. This program will enable physicians and alliance members to develop key contacts with state and federal legislators. So far, 400 physicians and spouses have signed up. The goal of the Ohio State Medical Association is to have 1,000 such members. There are currently 11,000 OSMA members, so you can see that this represents a small percentage of the active membership. Physicians and their spouses can make a difference in helping to implement meaningful

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"Beginning Doctors": Area Students Attend MEDCAMP

SIX JUNIOR-HIGH STUDENTS FROM YOUNGSTOWN-AREA SCHOOLS WERE AMONG THE 52 PARTICIPANTS AT THIS YEAR'S MEDCAMP, HELD in July at the Northeastern Ohio University's College of Medicine (NEOUCOM).

MEDCAMP is a three-day intensive experience designed to stimulate students' interests in the basic sciences and medicine and to expose them to career opportunities in those fields. Fashioned after the "SpaceCamp" program, MEDCAMP includes biomedical science workshops and an introduction to clinical medicine.

As part of the College's science outreach efforts, MEDCAMP is held each summer for students who will enter the ninth grade when they begin school in the fall. Preference is given to minorities, females, rural students and other underrepresented groups in medicine, who have demonstrated achievement in science and an interest in medicine as a possible career.

Participants interact with professors, graduate students and physicians in hands-on laboratory sessions in anatomy, physical diagnosis, physiology and microbiology. Sessions on critical thinking, study skills and medical history taking round out the curriculum.

In the first two days of MEDCAMP, students are introduced to a clinical case study of a fictitious ill patient for whom they are expected to provide a diagnosis, history of the disease and treatment. Starting with the case history, symptoms and lab results, the participants follow the process a physician would to solve the case. From this they learn how a physician talks with a patient, studies the clues to a patient's illness, and uses critical thinking skills in addition to modern laboratory techniques.

Students present their clinical findings to an audience of peers, family, faculty and MEDCAMP alumni on the third day of the program. They then are awarded a "B.D." (or "Beginning Doctor") degree, with a good boost to continuing their interest in medicine.

Sponsors of this year's program include the Mahoning Shenango Area Health Education Center, The Burton D. Morgan Foundation, The Sister McFawn Foundation, Syntex Laboratories and DuPont Pharma.

▲ *At MEDCAMP, Benita Holmes (center) of Youngstown learns how to look for physical signs that will help in determining a diagnosis. She is a student at Ursuline High School.*

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- Transdermal Paste
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545-0229

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102 Javit Court
793-4409

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872-5767

WARREN
1264 E. Market St.
392-4186

BWC Introduces RBRVS

The Ohio Bureau of Workers' Compensation has implemented a statewide RBRVS fee schedule effective October 1, 1994. This new system replaces the controversial Medirisk-developed fee schedule implemented by the BWC two years ago, which many physicians were unhappy with. The new BWC RBRVS is designed to be budget-neutral, which likely will result in the lowering of certain higher-priced procedures, as was experienced when Medicare installed its RBRVS several years ago.

The BWC RBRVS will utilize four conversion factors (CFs) as follows:

Surgery $46.696
Radiology $43.734
Lab and Other $41.155
Medicine $43.33

The current Relative Value Units (RVUs), as published in the *Federal Register for Medicine,* will be used by BWC unaltered. Ohio has only one geographical pricing cost index (GPCI) for Medicare, and BWC will also use one GPCI. BWC indicates that the new fee schedule will be available and published.

A few examples of the new BWC RBRVS fee schedule effective October 1, 1994 are as follows:

CPT Code	RVU Adjusted for Ohio GPCI	Conversion Factor	Total Fee
12001	2.26	46.696	$105.33
20550	1.26	46.696	58.84
49505	11.41	46.696	532.80
72100	0.98	43.734	42.86
80019	0.72*	41.155	29.63
90844	2.32	41.155	95.48
99213	0.95	43.33	41.16
97010	0.44	43.33	19.07

*RVU not assigned by HCFA; a proprietary RVS scale was utilized.

The OSMA is interested in hearing from members regarding the impact of these changes. Please contact the OSMA Department of Ombudsman Services with your comments (800) 766-OSMA.

Third Party Payer Contract Review Service

Physicians can now obtain objective analyses of third party payer contracts from the OSMA.

For more information, contact Deborah Nay Bahnsen, Staff Counsel, or Kate Hunter, Legal Assistant, at (800) 766-OSMA.

Educational Videos Can Assist Physicians with OSHA, CLIA, Universal Precautions

Through a new service of the Ohio State Medical Association, physicians can purchase educational videotapes to help them with the subjects of tuberculosis prevention practices, universal precautions for AIDs and Hepatitis B, communication for medical practices on hazardous materials, CLIA compliance and self-referral laws.

The tapes, which run 20 to 30 minutes each, were produced by Medcom, Inc., a California-based corporation. The five-tape series has been marketed by Texas, New York, Minnesota and California medical associations. Physicians can purchase the videotapes through the Ohio State Medical Association's Department of Educational Services. OSMA members receive a discount price. Physicians receive a 30-day, money-back guarantee on all videotapes.

For more information, please call the OSMA's Department of Educational Services at (800) 766-OSMA.

AMA and Medical Societies Describe Successful PHOs

CREATING A STRONG PHYSICIAN ORGANIZATION IS ESSENTIAL for developing successful physician-hospital organizations, according to a recent study co-sponsored by the AMA and the Michigan, Illinois and Indiana state medical societies.

Physician organizations allow individual physicians to participate in managed care plans while maintaining independent practices.

A PHO is a joint physician-hospital venture for contracting with managed care companies and employers.

"At this time when we are building a new health care delivery system for the future," said AMA EVP James S. Todd, M.D., "it's essential that physicians and hospitals find their way to a strong and cooperative relationship."

"This study shows the elements of such successful relationships and will . . . interest many physicians and other health care professionals as they build the health care delivery system of the next century."

A strong PHO:

- Establishes a physician organization before creating the PHO.
- Respects physician leaders committed to the success of the physician organization and the PHO.
- Commits the hospital administration and hospital board to the PHO.
- Includes a prominent role for primary care physicians.
- Uses a sophisticated management information system.
- Has access to considerable operating capital.
- Balances physician and hospital representation on the PHO board.

William E. Madigan, executive director of the Michigan State Medical Society, said establishing a physician organization "helps unify physicians [and] provides structure and process for information sharing and policy-making."

"It also fosters physician consensus-building and decision-making and allows physicians to present a united front in discussions with hospital representatives," said Madigan.

Results of the study are detailed in the 105-page report, *Case Study Analysis of Physician Hospital Organizations*.

Copies cost $20 for AMA members and $95 for non-members.

To order, call the Michigan State Medical Society at (517) 336-5776.

MCMS Members Asked to Participate in United Way Campaign

THE ANNUAL UNITED WAY CAMPAIGN HAS BEGUN AND THE MAHONING COUNTY MEDICAL SOCIETY HAS BEEN ASKED TO participate. As your president, I was asked to attend the campaign meetings and to attempt to improve physician donations for this project.

I have learned that physician involvement has been dwindling over the past few years. The reasons are not completely clear, but I suspect that there have been major concerns about how the donated monies are spent. I have been assured that 88 cents out of every dollar contributed in Mahoning County is used directly for the people and agencies for which it is intended. Your donation helps to support 32 local agencies and six suburban organizations every day of the year.

On a personal note, I have observed the local staff's attempts to control costs and coordinate efficiencies between various agencies in order to maximize utilization of funds.

I encourage all of you to participate in this worthy effort. It benefits not only your patients, but your friends and families as well. It is truly a "Valley" project that is directed toward the betterment of our community.

When you are asked to contribute to the United Way, please respond positively and "give a little back".

Thanks,

Chester A. Amedia Jr., M.D., F.A.C.P.

AAMA Holds National Convention

The National Convention of the American Association of Medical Assistants (AAMA) was held October 5-12 in Orlando, Florida. With nearly 600 members in attendance, this marked the association's 38th Annual Meeting.

Represented there by 22 of its members, the Ohio State Society of Medical Assistants received four Excel Awards, including ones for public relations, publication, and numerical membership increases.

As a member of the AAMA, the Mahoning County Chapter of Medical Assistants shares in these accomplishments at the state level.

Request for Proposals

The Youngstown Health Department has been recommended for funding by the Ohio Department of Human Services for the provision of Refugee Health Screening services. We are requesting proposals from physicians licensed to practice medicine in the State of Ohio to perform complete physicals on each refugee who enters this area under the terms of the grant.

Please send curriculum vitae and charge per physical to:
NEIL H. ALTMAN, M.P.H.
Health Commissioner
Youngstown Health Department
26 S. Phelps St.
Youngstown, OH 44503

Tax Deductibility of Membership Dues

The *Omnibus Budget Reconciliation Act of 1993* provides that the portion of association dues attributable to lobbying and political activities conducted by associations cannot be deducted as a business expense. It has been determined that 21% of OSMA dues and 33% of AMA dues are dedicated to legislative activities, therefore allowing you to deduct 79% of OSMA dues, and 67% of AMA dues as a business expense for federal income tax purposes. 100% of MCMS dues can also be deducted.

Medical Board Adopts HIV / HBV Rules

Anand G. Garg, M.D. and Lauren Lubow, J.D.

ON OCTOBER 1, 1994, NEW STATE MEDICAL BOARD REGULations aimed at preventing the transmission of the Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV) took effect. The rules, which were adopted by the Medical Board on September 14, 1994, following a public hearing, were developed in response to the Ohio General Assembly's directive in House Bill 419 that the board adopt rules establishing universal blood and body fluid precautions to be used by licensees who perform exposure-prone invasive procedures. They are the first in a contemplated series of rules intended to address HIV-related issues.

The text of the new rules appears below.

4731-17-01 DEFINITIONS

For purposes of this chapter of the Administrative Code:

(A) "Licensee" means any person holding or practicing pursuant to a certificate issued by the State Medical Board under Chapter 4730. or 4731. of the Revised Code.

(B) "Invasive Procedure" means any procedure involving manual or instrumental contact with, or entry into, any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous membrane or percutaneous wound of the human body.

(C) "Exposure-Prone Invasive Procedure" means an invasive procedure in which there is a significant risk of contact between the blood or body fluids of the licensee and the blood or body fluids of the patient. Some characteristics of exposure-prone invasive procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the licensee's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. An invasive procedure is exposure prone if it presents a recognized risk of percutaneous injury to the licensee, and, in the event such an injury occurs, the licensee's blood is likely to contact the patient's body cavity, subcutaneous tissues, or mucous membranes.

4731-17-02 UNIVERSAL PRECAUTIONS

Licensees who perform or participate in exposure-prone invasive procedures shall, in the performance of or participation in any such procedures or functions, be familiar with, observe, and rigorously adhere to the acceptable and prevailing standards for universal blood and body fluid precautions to minimize the risk of being exposed to or exposing others to the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). The acceptable and prevailing universal blood and body fluid precautions which the licensee follows shall include at least the following:

(A) Appropriate use of hand washing;

(B) Effective disinfection and sterilization of equipment;

(C) Safe handling and disposal of needles and other sharp instruments; and

(D) Appropriate barrier techniques including wearing and disposal of gloves and other protective garments and devices.

4731-17-03 HAND WASHING

All licensees who perform or participate in exposure-prone invasive procedures shall follow acceptable and prevailing standards for hand washing which shall include at least the following:

(A) Appropriate hand washing prior to performing or participating in an exposure-prone invasive procedure and after performing or participating in an exposure-prone invasive procedure; and

(B) Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids; and

(C) Hands shall be washed immediately after gloves are removed.

4731-17-04 DISINFECTION AND STERILIZATION

Instruments and other reusable equipment used by licensees who perform or participate in exposure-prone invasive procedures shall be appropriately disinfected and sterilized according to acceptable and prevailing standards for disinfection and sterilization, which shall include at least the following:

(A) Instruments and devices that enter the patient's vascular system or other normally sterile areas of the body shall be sterilized before being used for each patient; and

(B) Instruments and devices that touch intact mucous membranes but do not penetrate the patient's body surfaces shall be sterilized when possible, or undergo high-level disinfection if they cannot be sterilized before using for each patient; and

(C) Heat sterilization must be utilized for all instruments and devices that are able to withstand repeated exposure to heat. Sterilization must be accomplished by autoclave, dry heat, unsaturated

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Medical Board *(cont. from pg. 20)*

chemical vapor, ethylene oxide, or any other FDA/EPA-approved method; and

(D) A high level disinfection process must be used for those instruments and items that cannot withstand heat sterilization; and

(E) Heat sterilizing devices must be tested for proper function on a weekly basis by means of a biological monitoring system that indicates microorganism kill. Documentation must be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least two years. In the event of a positive biological spore test, the licensee must take immediate remedial action to ensure that heat sterilization is being accomplished; and

(F) Surface disinfection:

(1) Environmental surfaces that are contaminated by blood or other body fluids must be disinfected with a chemical germicide that is registered with the environmental protection agency as a "hospital disinfectant" or sodium hypochlorite and is mycobactericidal at use-dilution. The disinfection process must be followed between each patient.

(2) Impervious backed paper, aluminum foil or plastic wrap must be used to cover surfaces that may be contaminated by blood or other body fluids and that are difficult or impossible to disinfect. The cover must be removed, discarded and then replaced between patients; and

(G) Single-use items used in treating a patient, which have become contaminated by blood or other body fluids, must be discarded and not reused.

4731-17-05 HANDLING AND DISPOSAL OF SHARPS AND WASTES

(A) To prevent injuries, no licensee performing or participating in exposure-prone invasive procedures shall recap needles, or purposely bend or break needles or other sharp instruments or items by hand.

(B) After a licensee who is performing or participating in an exposure-prone invasive procedure uses disposable needles, syringes, scalpel blades or other sharp items, he shall place the disposable sharp items used in a puncture-resistant container for disposal. The puncture-resistant container shall be located as close as practicable to the use area.

(C) All sharp items and contaminated wastes shall be disposed of according to requirements established by federal, local and state environmental or regulatory agencies.

4731-17-06 BARRIER TECHNIQUES

All licensees who perform or participate in exposure-prone invasive procedures shall routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood and other body fluids of all patients. The barrier techniques to be followed are:

(A) Gloves. All licensees shall wear disposable gloves when performing or participating in exposure-

prone invasive procedures. Hands shall be washed when gloves are removed. Before performing or participating in exposure-prone invasive procedures on another patient, the licensee shall wash hands and reglove with another pair of disposable gloves. If a glove is torn or a needlestick or other injury occurs, the glove shall be removed and a new glove used as promptly as patient safety permits. The needle or instrument involved in the incident shall be removed from the sterile field. Disposable gloves shall not be washed or reused for any purpose.

(B) Masks and protective eyewear. All licensees shall wear masks and protective eyewear when performing or participating in exposure-prone invasive procedures if during the procedure there is likely to be spattering or splashing of blood or other body fluids.

(C) Gowns or aprons. Gowns or aprons made of materials that provide an effective barrier shall be worn by all licensees who are performing or participating in exposure-prone invasive procedures if during the procedure there is likely to be spattering or splashing of blood or other body fluids.

4731-17-07 VIOLATIONS

A physician's assistant who violates any provision of this chapter shall be subject to discipline pursuant to division (B) of section 4730.05 of the Revised Code. Any other licensee who violates any provision of this chapter shall be subject to discipline pursuant to division (B)(6)(B) of section 4731.22 of the Revised Code.

Legislative Update *(cont. from pg. 10)*

health system reform. I encourage our members to become active in the PLAN program and to get to know our legislators on a more personal level.

I also encourage the continued support of OMPAC. Throughout the state of Ohio, one in five physicians supports OMPAC. This is not enough. Despite the election reforms which are taking place, PACs will continue to have influence on the legislative process. Physicians need to accept this fact and become active contributors to our PAC organizations. Health system reform can be influenced in a positive fashion by effectively educating our patients and legislators, and by contributing financially to organized medicine's political activities.

Finally, I would appreciate hearing from physicians and their spouses regarding any concerns that they might have about legislative activities and OMPAC. I would especially like to hear some of your constructive ideas on how our efforts and those of OMPAC can be made more effective.

From the Desk of the Editor *(cont. from pg. 4)*

Believe me, I don't like this idea any more than any of you do. Unfortunately, we must admit the simple truth that there are an awful lot of people who not only expect but are now demanding that we spend less of their money making them healthy. If we don't, we will certainly be unable to continue in the present way, and will definitely be compensated less for our services. I suggest that we consider this fact as we attempt to provide the best possible care for the resources we have available. While we cannot control the wind, at least we can adjust the sails.

On The Cover

"Float and Glow at Sunset"

Flo Hosa-Dougherty
Original Watercolor, August 1994
22" x 30"

FLO HOSA-DOUGHERTY WAS BORN MARCH 17, 1925 IN STRUTHERS, OHIO. A DELIGHTFUL AND ARTISTICALLY ENERGETIC LADY, SHE experienced her first stimulus for art at the age of two. She enjoyed "chalking marks and imitating pictures that appeared as the blackboard roller was turned". She was also intrigued with her mother's dough which, when saved for Flo, was stretched, pinched, pounded and shaped. "No doubt it was that sense of line, form, space and shape which allowed me to see selectively."

Flo studied at Kent State on an art scholarship and later received her BS in Education at YSU. Of her 30 years of teaching art, 26 were at Boardman High School where she was the Art Department Chairman. She has received recognition for her work as Woman of the Year for Art Career YWCA in 1983, Art Educator of the Year (Tri-County) in 1980, and the National Freedom Foundation Award. As a teacher, Flo taught every day with the optimism that accomplishments would happen, and she wasn't disappointed. Many art students and families keep in touch, and Flo is "rather proud to have been a part of my students' lives in their preparation for careers and development of their appreciation or love of art." Flo's painting style is usually representational. Her procedure is to develop a thumbnail sketch with side notes to serve as a resource. "That little drawing becomes my visual and verbal impression of a moment's impact of content, contrast, mass, space and color. At other times, it is only an image on the mind that lingers strong enough to interpret later." At one time, Flo enjoyed oils and acrylics, but she now finds watercolor a versatile and effective medium for controlling or experimenting with the subject matter on her canvas. Her works are detailed, yet flow with rhythmic emotions and beautiful expressionistic lines.

"Float and Glow at Sunset" was sketched on site in New Mexico. It is a "composite of the typical spectacular terrain of New Mexico lit by the last rays of a low-angled setting sun striking only the higher elevations and illuminating the balloons as they rise for a final ascent. At a given signal the balloons are fired up, giving the appearance of lanterns in the sky (as suggested by the title). Just as our local weekend sailors hook up their boats to head for the lakes, the southwest pilots fire up to reach for the skies." These ascents often involve over 700 balloonists at one time. This piece was influenced by the fact that after many trips to New Mexico, Flo and her husband bought an adobe where they spend months at a time. She has adjusted to noticing the range of colors that make up the environs and uses a palette of different pigments for her Southwest works than what she uses in Ohio. In New Mexico, "the light seems more luminous there, which also gives a feel for spaciousness." This painting will hang in the newly-renovated lobby of the Youngstown Playhouse during the first run of the season until October 9, and is available for purchase through the Playhouse.

In 1988, Flo began publishing signed limited

continued on pg. 32

Jeannine M. Lambert

Jeannine M. Lambert

OSMA

CMIC Limits Lab Testing, Cuts Payments

THE OSMA IS ASKING OHIO PHYSICIANS TO CONTACT THE COMMUNITY MUTUAL INSURANCE COMPANY TO EXPRESS THEIR concerns about its recently announced program to limit in-office lab testing effective October 15, 1994. CMIC announced last month that, with the exception of 19 procedures, it will no longer reimburse for laboratory services submitted by physicians' offices.

Then, CMIC advised the OSMA that it is planning drastic cutbacks in the reimbursement levels for those 19 in-office laboratory services.

As of October 15, CMIC requires that all of its providers funnel their laboratory services (except for the 19 exempted ones) to a network of five laboratories — Roche Biomedical Laboratories, MetPath Laboratories, Jewish and Bethesda Hospitals in Cincinnati and CompuNet Clinical Laboratories in the Dayton area. CMIC maintains that the Advance Plan Contract gives it the legal authority to exclusively contract for ancillary services, including lab services. CMIC has also put into effect the rate reduction for the remaining 19 services. (Please note that physicians who are *not* members of CMIC's Advance Plan will be allowed to balance bill patients.)

The planned cutback slashes the reimbursement level for those in-office procedures by 50-60%. In some cases, that level is below Medicare reimbursement levels. For example, according to CMIC officials, a tissue examination for fungi, CPT code 87220, is currently reimbursed by CMIC at $8.30. CMIC plans to cut reimbursement to $3.20 for the same test. Medicare reimburses $6.34. Although CMIC sent a mailing to Advance Plan providers in September, notifying them of the network, there was no explanation in that literature about the planned reduction in reimbursement for the 19 exempted tests.

The OSMA is actively working to oppose the limitations CMIC is placing on physician in-office testing.

Besides continuing to meet with CMIC officials regarding the implications this policy will have on patient care, the OSMA has also contacted legislative leaders for their assistance.

Physicians are asked to call CMIC to express their concerns with this policy. The phone numbers are as follows:

Statewide — 1-(800) 282-1016
Canton — (216) 493-2354
Cincinnati — (513) 872-8381
Cleveland — (216) 573-4440
Columbus — (614) 438-3400
Dayton — (513) 228-8710
Toledo — (419) 897-4800
Youngstown — (216) 783-3868

For your information, listed below are the 19 exempted procedures, by CPT Code and description, and the Medicare lab fee schedule for those procedures. Keep in mind that *CMIC plans to lower the reimbursement rate to 50-60% of the Medicare fee.*

CPT Code	Description	Medicare Fee
81000	Urinalysis by dip stick with microscopy	$4.70
81002	Urinalysis by dip stick without microscopy	$3.08
81005	Urinalysis, qualitative or semi-quantitative	$3.19
81015	Urinalysis, microscopic only	$4.51
81025	Urine pregnancy	$9.40
82270	Blood, occult, feces screening	3.73
82962	Glucose, blood by glucose monitoring devices	$4.70
85013	Spun microhematocrit	$3.48
85018	Hemoglobin	$3.50
85730	Thromboplastin time, partial (PTT)	$8.92
86403	Particle agglutination, antibody, each	$15.97
87060	Nose-throat culture, bacterial	$11.46
87072	Culture or direct bacterial identification method	$11.50
87081	Culture, bacterial screening only for single organisms	$9.63
87086	Urine culture, bacterial, quantitative, colony count	$11.46
87220	Tissue examination for fungi (eg, KOH slide)	$6.34
89300	Semen analysis (including Huhner test)	$13.28
89310	Semen analysis; motility and count	$10.22
89320	Semen analysis; complete	$17.55

Please contact CMIC immediately regarding this issue. If you have questions for OSMA, please contact the OSMA Ombudsman Services Department at (800) 766-OSMA, extension 364. The OSMA will keep you advised regarding this situation.

New Members

Sue A. Lytle, DO
Anesthesiology/Pain Management
Office: 1323 Florencedale Ave.
Phone: 744-9426
MED. EO: Univ. Osteo. Med. & Health Science, Des Moines, IA
INT: Brentwood Hospital, Warrensville Hts., OH
REOCY: Youngstown Osteopathic Hospital, Youngstown, OH
SPONSORS: Anand G. Garg, MO
Oouglas M. Goldsmith, DO
William P. Sutherland, DO

The following applications for membership were approved by Council:

ACTIVE
Gene A. Butcher, M.D.
Fred I. Polsky, M.D.

FIRST YEAR IN PRACTICE
Brian P. Brocker, M.D.
Sherif I. Hanna, M.D.
John R. Hurt II, M.D.
John M. Sorboro, M.D.
Ronald M. Yarab Jr., M.D.

SECOND YEAR IN PRACTICE
David M. Kennedy, M.D.
Ronald A. Rhodes, M.D.

Information pertinent to the applicants should be sent to the MCMS Council.

On The Cover *(cont. from pg. 26)*

edition prints from original watercolor paintings. Her immediate goals are to continue to market area landmark litho prints and note cards, create new watercolor paintings, and take on commissions of multi-varied subject matters. She is flexible when working with a client's suggestions on a commission and often provides a pencil study or loose color rendition before starting the final commission. If Flo has any spare time, she enjoys reading, swimming, and traveling. . . with golfing on the back burner.

This past summer brought Flo her latest recognition with the acceptance of three small works in the 20th National Miniature Exhibit at the La Luz Gallery in New Mexico. She has exhibited at the Butler Institute of American Art, Johns Young Invitational, Youngstown Playhouse Lobby Shows, and at our local Tom Krakar Gallery, Cardinal Gallery, Frame House Gallery, and Moonraker Restaurant. She is also represented at Collector's Galleries in Oregon and Washington, and in many private collections throughout the United States.

Fall Fashion Show

The Mahoning County Medical Society Alliance will present its annual charity fall fashion show and luncheon on Thursday, November 3rd at Mr. Anthony's Banquet Facility in Boardman, Ohio. Proceeds from this event will benefit breast cancer research at the Mahoning County Unit of the American Cancer Society and the psychiatric libraries of the Western Reserve Care System and St. Elizabeth's Hospital.

The fashion show theme is centered around the movie "Somewhere in Time." The latest in fall fashions will be presented by Saks Fifth Avenue of Beachwood Place. The event will begin at 10:30 am with a social hour and registration for the Chinese auction. The luncheon, Chinese auction and Grand Raffle will start at 11:30 am, followed by the fashion show at 12:30 pm. Sponsors of the event are Carlson Travel Network and Continental Airlines (donating an airline trip for two anywhere in the continental U.S.), Wilson's Appliance and Audio (donating a $300 cellular phone), Saks Fifth Avenue (donating a $250 gift certificate) and Timekeepers of Girard (donating an original cherry mantle clock valued at $225).

Tickets cost $30 and can be obtained by calling the Mahoning County Medical Society office at 788-4700. Event chairpersons are Linda Amsterdam and Donna Hayat.

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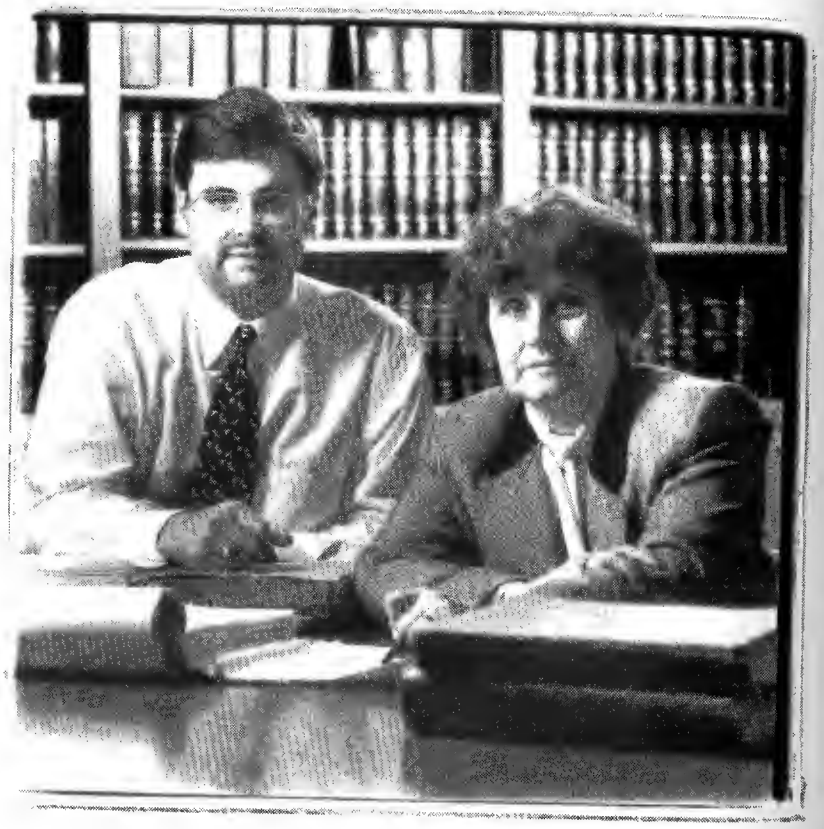
Vice President/Claims, PICO

Stephen P. Ranck, Esq.

Malpractice Claims Manager, PICO



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From the Bulletin

A Look Back . . .

Sixty Years Ago
Sept./Oct. 1934

Al Parella of the "Vindicator" had a two-page cartoon depicting the members of the Medical Society. Among those featured were Lawrence Segal, Armin Alsaesser, R.D. Gibson, Harold Beard, H.E. McClenahan, Paul Kaufman, W.D. Coy, H.E. Blott, J.S. Lewis, Herman Kling and W.X. Taylor. This cartoon can still be seen in the office of the Medical Society.

Fifty Years Ago
Sept./Oct. 1944

World War II was grinding on and the doctors in the service were happy to receive the "Bulletin" and hear news from home. Those who were still at home were overworked and weary. William H. Evans was somewhere in the Pacific, DeCicco was in New Guinea, Sam Goldberg was in England and Clyde Walter couldn't say where he was. At home, President F.D. Roosevelt was campaigning for a fourth term. He was re-elected, but he didn't survive his term.

Forty Years Ago
Sept./Oct. 1954

Donald Dockry joined A.K. Phillips in the practice of surgery. Stewart Patton opened an office for the practice of orthopedic surgery. Joseph James Campolito opened an office for the practice of internal medicine. A.W. Geordan opened an office for the practice of urological surgery. Other new members were Simon Chaisson, Paul Dobson, Ulrich Boening and Paul Fuzy, Jr. H.E. Blott died at the age of 89 years.

Thirty Years Ago
Sept./Oct. 1964

President Jack Schreiber wrote: "What the Medical Society does in public relations is important, but what you and I do as individual practitioners is far more vital." Executive Secretary Howard Rempes wrote about William S. Matthews, founder and fourth president of the Mahoning County Medical Society. A Clinical-Pastoral Conference, believed to be the the first of its kind in the United States, was presented by the Medical Society at the Youngstown Hospital, South Unit. The program was planned by Robert Kiskaddon, chairman of the Medicine and Religion Committee. Fred Schellhase presented the protocol.

Robert R. Fisher, M.D.

Robert R. Fisher M.D.

Twenty Years Ago
Sept./Oct. 1974

President John Melnick presented to Youngstown City Council the suggestion that the new street adjacent to the Eye Care Associates building be named after Charles Dutton, Youngstown's first physician. The street later became known as "Dutton Drive". Fred Pruitt was named medical director of the BuDa program. Mike Vuksta was promoted to the rank of Navy Captain in the Naval Reserve. Morris Rosenblum was made Chairman of the board of the Mahoning Valley Chapter of the American Diabetes Association. Daniel Corredor was president and Henry Holden was president-elect. Richard Murray, student of the writings of Nostradamus, predicted the exact date of President Richard Nixon's resignation. James Calvin died of lung cancer on September 10th. He will be remembered as being a leader in the efforts to establish a heart laboratory at the Northside Medical Center.

Ten Years Ago
Sept./Oct. 1984

President Glenn Baunblatt and Editor Suman Mishr both wrote about the recently enacted Deficit Reduction Act with its physician fee freeze and other restrictions. Guest Editor Tom Campbell stated "the rapidity with which profound changes in the government sponsored health care programs have occurred is especially disheartening." New members were Veeriah C. Perni and John C. York II. New associate member was Michael A. Frangopoulos. Edward H. Jones, Jr. passed away after a massive heart attack. He was a native of Youngstown and a well-respected dermatologist.

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